

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 19, 2002

Re: IRO Case # M2-02-0759-01

Texas Workers' Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Psychology, who is licensed by the State of Texas. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, some of the requested care is medically necessary. Therefore, ___ disagrees in part with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a 35-year-old female who injured her neck and shoulder on ___. The patient underwent surgery on the left shoulder on 11/28/01. She has made progress since surgery, but the treating physician believes that emotional factors are interfering with the patient's further recovery. An Independent Medical exam puts the patient at MMI.

Requested Service(s)

Psychological Interview (90801), Psychological Testing (90830), PPA

Decision

I agree with the carrier's decision to deny a PPA, and I disagree with the carrier's decision to deny a psychological interview and psychological testing for three hours.

Rationale

While a PPA might be reasonable, a psychological evaluation should be conducted prior to a PPA. It appears that either psychological problems may be the result of the patient's injury, or may have been exacerbated by the injury. The basis for the request for the psychological interview and testing have been well documented for this case. The Independent Medical Examiner did not address emotional factors in his evaluation; remaining physical limitations may be treated with an emotional adjustment; malingering has not been established for this patient. Although it might be argued that the psychological interview should precede testing, this only delays treatment and disrupts the continuity of treatment. The documentation provided in the request for testing is very compelling for including the testing as part of the psychological evaluation.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

President